## TRAVEL EXPENSE CLAIM

ARB/ASD 262A (REV. 4/2009) Page 1 of 1 Pages

CLAIMAN	IT'S NAME					SSN OR	EMPLOYE	E NUMBEI	R		DEPARTN	MENT			
Linda Adai				On File						Cal/EPA					
POSITION			CB/ID NUM	BER		N OR BUR				INDEX NUMBER					
	Environmental CE ADDRES						the Secreta  JARTERS	•				TELEBHONE NUMBER			
On File	E ADDRES	55			1001 I Stre		ADDRESS				TELEPHONE NUMBER 916-323-2514				
CITY STATE						CITY					STATE ZIP CODE				
On File				Lzes		Sacrame	nto				CA	95814			
	TH/YEAR	(3) LOCATION	(4)	(5)	MEALS		(6)	(7)	1		PORTATION		(8)	(9)	
(2)	v-09	WHERE EXPENSES	LODGING			O.T,L/T,	INCIDEN-	(A)	(B)	(C) CARFARE,	1	(D) VATE	BUSINESS	TOTAL	
		WERE INCURRED	LODGING	BREAK-		OR	TALS	COST OF	TYPE	TOLLS,		R USE	EXPENSE	EXPENSES	
DATE	TIME			FAST	LUNCH	DINNER		TRANS.	USED	PARKING	MILES	AMT		FOR DAY	
11/3	22:00	Depart Sacramento, California										0.00		0.00	
		·													
11/4		Arrived in Mexico City		14.00	24.00							0.00		38.00	
11/4		Arrived in Mexico Oity		14.00	24.00							0.00		30.00	
11/5		Traveled by car to Jalpan de Serra	50.93		15.00		11.00					0.00	1.58	78.5	
11/6		Queretaro City, Mexico	108.77		15.00		11.00					0.00		134.77	
		D													
11/7	22:00	Depart Queretaro, Mexico - Arrive Sacramento		9.00	15.00	24.00	11.00					0.00		59.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
(10)															
	SUBTOTALS	3	159.70	23.00	69.00	24.00	33.00	0.00	0.00	0.00	0.0	0.00		310.28	
	CLAIM TOTA	AT.										\$		310.28	
(11) PUR		TRIP, REMARKS AND DETAILS (	Attach rece	eipts/vouch	ers when	required)						Ψ		510.20	
		mber 3: Secretary Linda Ada						, Novem	ber 4: Sp	oke on p	oanel at (	Conference	e on Climate	Change in	
		nsored by Heinrich Boll Fou													
		ra Gorda at headquarters of													
		ners/landowners who partici							rra Gord	a to Que	eretaro to	meet with	Governor C	Calzada.	
Dinnei	meeting	with Queretaro Secretary of	Sustain	ability an	a Econo	omic De	veiopme	ent.							
(12) NORMA	L WORK HO	URS					105	101/ 1006			o= 01!! \/				
							AGE	NCY ACCC	DUNTING	OFFICE U	SE ONLY				
(13) PRIVATE VEHICLE LICENSE NO.															
(14) MILEAGE RATE CLAIMED															
\$ 0.550															
AGENCY ACCOUNTING OFFICE USE ONLY															
PAII															
	1 1.01	VING FUND CHECK NUMBER													
(15)															
(15)	I HEREBY CE	ERTIFY That the above is a true statement or rates exceed the minimum rate. I certify the	of the travel en	xpenses incur	red by me in vehicle was	accordance	with DPA ru	les in the serv	rice of the Sta	te of Californ	ia. If a private requirements	ely owned vehicle as prescribed b	e was used,		
<u></u>		s 0750, 0751, 0752, 0753 and 0754 pertaini					J. L. LO. LIGHT		, aract			p. 000/1000 t	1		
CLAIMANT'S	SIGNATURE			DATE		(16) SIGNA	ATURE OF O	FICER APPRO	OVING TRAV	EL AND PAY	MENT		DATE		
ightharpoonup				1		ightharpoonup							1		

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)	DATE

	T'S NAME	ı.													
CLAIMANT'S NAME Linda Adams							EMPLOYE	EE NUMBEI	R	DEPARTMENT Cal/EPA					
POSITION				CB/ID NUM	BER	On File DIVISIO	N OR BUR	EAU			INDEX NUMBER				
	or Environn CE ADDRE	nental Protection					the Secreta					TEL EDUON	ENHADED		
RESIDEN On File	JE ADDRE	.55				_	vak i ERS reet, 25th F	ADDRESS loor			TELEPHONE NUMBER 916-323-2514				
CITY			STATE	ZIP CODE	,	CITY					STATE	•	ZIP CODE		
On File	TH/YEAR	(3)	(4)	(5)	MEALS	Sacrame	ento (6)	(7)		TDANCI	CA		95814		
	v-10	LOCATION			MEALS	O.T,L/T,	(6)	(7) (A)	(B)	(C)	1	(D)	(6)	(9)	
DATE	TIME	WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	NC, RELO OR DINNER	TALS	COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING		VATE R USE AMT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
11/29	6:00	Depart Sacramento,		FASI	LUNCH	DINNER		IKANS.	USED	PARKING	WIILES	AMI		FUNDAI	
		California - Arrive San Diego, CA	123.82	6.00	10.00	18.00								157.8	
11/30		OPC Meeting in La Jolla, CA													
		- Depart for Los Angeles, CA	125 50	6.00	10.00	10.00	6.00		DC		100.0	50.05		225.4	
12/1		L.A. Auto Show, press conf. & 2nd Annual Earth, Wind & Power Awards - Los Angeles, CA - Depart for Sacramento, CA	125.50	6.00	10.00		6.00		PC		109.0	59.95		225.4	
		Arrived in Sacramento at		0.00	10.00	10.00	0.00							40.0	
12/2	1:00	01:00 hours.												0.0	
														0.0	
														0.0	
														0.0	
														0.0	
														0.0	
														0.0	
														0.0	
(10)	SUBTOTAL	5	249.32	18.00	30.00	E4.00	12.00	0.00	0.00	0.00	109.0	59.95	0.00		
	CLAIM TOT		249.32	18.00	30.00	54.00	12.00	0.00	0.00	0.00	109.0	\$	0.00	423.2 423.2	
Secret Schwa	POSE OF ary Adan rzenegge	TRIP, REMARKS AND DETAILS (Announce of the Ocean or at Los Angeles Auto Show and Power Awards.	Protectio	n Counc	il (OPC	) and at	tended O					ıms also ap		Governor	
8:00-5:00pm			AGENCY ACOUNTING OFFICE USE ONLY												
(13) PRIVATE VEHICLE LICENSE NO. 5AYY105															
(14) MILE \$ 0.550	AGE RATE	CLAIMED													
PAI	c	ENCY ACCOUNTING DEFICE USE ONLY LVING FUND CHECK NUMBER													
(15)		ERTIFY That the above is a true statement of the erates exceed the minimum rate. I certify the													
	SAM Section	is 0750, 0751, 0752, 0753 and 0754 pertaining	ig to vehcile s	safety and sea	t belt usage							, as prescribed (	1		
CLAIMANT'	S SIGNATURE	3		DATE		(16) SIGN.	ATURE OF OI	FFICER APPRO	OVING TRAV	EL AND PAY	MENT		DATE		

DATE

## TRAVEL EXPENSE CLAIM

ARB/ASD 262A (REV. 1/2008)	Page	of	Pages	

CLAIMANT'S NAME							SSN OR EMPLOYEE NUMBER DEPARTMENT On File Cal/EPA							
Linda Adams POSITION CB/ID NUMBER							on num							
POSITION		nental Protection		CB/ID NUM	BER		N OR BUR			INDEX NUMBER				
,	CE ADDRE				IARTERS	ry ADDRESS			TELEPHONE NUMBER					
On File	CL MDDKL					_	reet, 25th F				916-323-2514			
CITY			STATE	ZIP CODE		-						STATE ZIP CODE		
On File						Sacrame	Sacramento						95814	
	TH/YEAR		(4)	(5)	MEALS	T	(6)	(7)			ORTATION		(8)	(9)
(2)	ov-09	LOCATION WHERE EXPENSES	Longnia			O.T,L/T, NC, RELO.	INCIDEN-	(A)	(B)	(C)		(D) IVATE	BUSINESS	TOTAL
(2)		WERE INCURRED	LODGING	BREAK-		OR	TALS	COST OF	TYPE	CARFARE, TOLLS,		R USE	EXPENSE	EXPENSES
DATE	TIME			FAST	LUNCH	DINNER		TRANS.	USED	PARKING	MILES	AMT		FOR DAY
11/9		Business Expense: Brazil												
		Visa												
													213.30	213.30
11/9		Business Expense: Travel												
		Med Inc., Immunizations for												
		travel											483.14	483.14
11/14	9:00	Depart for San Francisco,												
		CA enroute to Acre, Brazil			40.00	40.00								22.00
		Rio Branco, Brazil			10.00	18.00								28.00
44/45		Trio Branco, Brazii		44.00			44.00							05.00
11/15		Brazil		11.00			14.00							25.00
		Brazii												
11/16							14.00							14.00
		Brazil												
11/17							14.00							14.00
		Brazil												
11/18							44.00							44.00
11/10		Enroute to Sacramento, CA					14.00							14.00
		Emode to Gastamorito, Gr												
11/19				6.00	10.00	18.00	6.00							40.00
		Business Expense: Toll												
11/20	2:00 AM	Bridge. Arrived Sacramento 02:00								4.00				4.00
11/20	2.00 AW	Business Expense: Travel								4.00				4.00
		Med Inc., Immunizations for												
11/8		travel											78.00	78.00
(40)														0.00
(10)														
	SUBTOTAL	s	0.00	17.00	20.00	36.00	62.00	0.00	0.00	4.00	0.0	0.00	774.44	913.44
	CLAIM TOT.	A I		•		•	•	•	•	•		\$		913.44
		TRIP, REMARKS AND DETAILS (	Δttach rec	eints/vouch	are when	required	1					Þ		913.44
		of the State of Acre, Brazil						furthera	nce of su	hnationa	1 collabo	ration to r	educe oreen	house oas
		deforestation in the Amazor												
		ions, toured hardwood floor												
1		State of Acre. Airfare prov	-	-	-				ı tranını	g and cut	icationai	racinties.	Loughig an	d subsistence
provid	ed by the	State of Acre. Afriare prov	ided by t	ne Enviro	линена	ii Deleli	se runu.							
							۸GE	NCY ACO	INTING C	SEEICE IIS	E ONLY			
(12) DDIV	ATE VEHIC	H E LICENCE NO					AGL	NOT ACC	JIVI IIVO C	ATTICE 03	LONLI			
(13) PRIV	ATE VEHIC	LE LICENSE NO.												
(14) MILEAGE RATE CLAIMED														
\$ 0.550	AGE KATE	CLAIMED												
Ψ 0.220														
	AGENCY ACCOUNTING													
РАП		FFICE USE ONLY LVING FUND CHECK NUMBER												
1741		J. J												
(15)		ERTIFY That the above is a true statement												
and if mileage rates exceed the minimum rate. I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.														
CLAIMANT'S	S SIGNATURE			DATE		(16) SIGNA	ATURE OF O	FICER APPRO	OVING TRAV	EL AND PAY	MENT		DATE	
						ightharpoonup								
(17) SPEC	(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)  DATE													